

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036022

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 25 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

43 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

TRINITY LUTHERAN HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

KANSAS CITY

d. STREET ADDRESS

3916 HARRISON STREET

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

RUBY

ALBERTA

BRYMER

## 4. DATE OF DEATH

Month

Day

Year

SEPTEMBER 9 1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-12-1896

## 9. AGE (last birthday)

67

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRACTICAL NURSE AND OPERATOR

## 10b. KIND OF BUSINESS OR INDUSTRY

SWITCH BOARD OPERATOR

## 11. BIRTHPLACE (City and state or country)

LAWSON, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ANDREW JACKSON HILL

## 13b. MOTHER'S MAIDEN NAME

ALICE ELINOR SCANTLIN

## 14. NAME OF HUSBAND OR WIFE

RUFUS H. BRYMER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

HUGH HILL, 3319 TRACY AVENUE, K.C.Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Pneumonia, Acute

#### DUE TO (b)

Hypostatic Congestion.

#### DUE TO (c)

Metastatic Disease from Carcinoma of Breast

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1960 to 9-9-63 and last saw her alive on 9-8-63. Death occurred at 5:02 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Print or title)

OTTO W. THEEL M.D.

## 22b. ADDRESS

4301 Main St.

## 22c. DATE SIGNED

9-9-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

SEPT. 11 1963

## 23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

## 23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

## 24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS, KANSAS CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

9-11-63

## 26. REGISTRAR'S SIGNATURE

Beaure Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OTTO W. THEEL

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

Stu Otto H. Wheel  
11301 Main St.  
after 1:30 PM

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.